



July 22, 2016

Announcement 1191

Reminder for Providers Who Have Received a Notice to Revalidate by August 31, 2016

The federal regulation at 42 CFR 455.414 requires that state Medicaid agencies revalidate the enrollment of all providers, regardless of provider types, at least every five (5) years, with the exception of DMEPOS suppliers which will remain at every three (3) years per 42 CFR 424.57. In order to comply with the Centers for Medicare & Medicaid Services (CMS) requirement for the revalidation process to be completed by September 24, 2016, the Division of Health Care Financing and Policy (DHCFP) has set a deadline of August 31, 2016.

Providers who need to revalidate by August 31, 2016, have received notices via mail. If you have received a notice to revalidate with Nevada Medicaid, please follow the instructions on the notification.

If a revalidation application is not received by the due date on the notice, the provider will be terminated from the Medicaid program on that date in accordance with 42 CFR 455 Subpart E.

If the provider contract is terminated:

- The provider will be ineligible to provide services to any Nevada Medicaid or Nevada Check Up recipients, including both Fee-for-Service and Managed Care Organization (MCO) enrolled recipients.
- The provider will need to submit a new enrollment application in order to participate in Nevada Medicaid and Nevada Check Up.

Provider revalidation can be completed online by accessing the [Provider Web Portal](#) or by completing a paper application. Please review the Online Provider Enrollment User Manual and Revalidation Documents located on the [Provider Enrollment](#) webpage for instructions to complete revalidation.

If you have not received a notice to revalidate, a communication will be sent when you need to take action.